



STUDENT APPLICATION

Summer Work-Based Learning Experience 2021

Read application in its entirety – new documentation requirements!!!!

Application Deadline:

Friday March 12, 2021 4:30 p.m.

Applications received on the deadline date will not receive an extension for missing information or documents.

Applicant must meet the minimum requirements:

High School Students:

- Participating youth must be in the 9th grade or higher at time of application submission
 - Must be at least the age of 14 - maximum age of 21
 - Must be a full time high school student (includes adult education)
- Must reside in New Haven and/or attend a New Haven public high school

College Students:

- Must be a full time matriculated student
- Trade schools are accepted if full time status is documented
 - Must be a New Haven Resident
 - Maximum age is 21 years old

Men 18 years and older

- Must be registered with selective services and provide proof of registration

Students cannot be employed simultaneously with any other department with the City of New Haven, including the Board of Education and the Department of Parks, Recreation and Trees. Evidence of dual city employment will result in termination from the Youth@Work program. **NO EXCEPTIONS!**

COPIES THE FOLLOWING DOCUMENTS MUST ACCOMPANY YOUR APPLICATION:

(Copies will not be made by the Youth@Work Staff)

1) Copy of Birth Certificate or State Identification Card
2) Copy of Social Security Card
3) Documentation of all income in your household (anyone that lives with you in the household)
<i>(examples)</i>
A. <u>Public Assistance</u> ~ a budget sheet or letter verifying benefits received from the Department of Social Services
B. <u>Unemployment Compensation</u> ~ copy of unemployment run sheet showing weekly benefits
C. <u>Social Security</u> ~ a copy of your SSD or SSI grant letter or monthly check
D. <u>Employment</u> ~ copy of the last four (4) paystubs for you and any family member(s) employed
4) Official high school transcript – no exceptions (does not have to be certified)
5) Men 18 years and older, proof of selective service registration

HOW TO RETURN THE COMPLETED APPLICATION

Must return two (2) completed applications with two (2) copies of all required documents to Youth@Work 165 Church Street, New Haven CT 06510. Office hours are Monday – Friday 9:00 a.m. to 5:00 p.m.

APPLICATIONS WILL NOT BE ACCEPTED VIA MAIL OR FAX AND COPIES ARE NOT MADE BY THE YOUTH@WORK STAFF.

The Summer Work Based Learning Experience program is intended to provide early work experiences for young people ages 14-21 that may not otherwise have this opportunity. There are limited opportunities available, therefore please make note: completing this application does not guarantee a work experience through the program. Job placement is by a lottery system.

HIRING WORKERS UNDER 18

The Department of Labor's [Employment Standards Administration's Wage and Hour Division \(WHD\)](#) administers and enforces the federal child labor laws. Generally speaking, the [Fair Labor Standards Act \(FLSA\)](#) sets the minimum age for employment (14 years for non-agricultural jobs), restricts the hours youth under the age of 16 may work, and prohibits youth under the age of 18 from being employed in hazardous occupations. In addition, the FLSA establishes subminimum wage standards for certain employees who are less than 20 years of age, full-time students, student learners, apprentices, and workers with disabilities. Employers generally must have authorization from WHD in order to pay subminimum wage rates.

SUMMER 2021 STUDENT APPLICATION

Work Based Learning Experience Employment Application ~ Answer all questions completely

Office use only:
LAST NAME: _____

FIRST NAME: _____

ID #: _____

WARD: _____

APPLICANT INFORMATION

Last Name			Gender (optional)	
First Name			Age	
Address			Date of Birth	
City, State Zip Code			Social Security No.	
Home Phone	(_____) _____ - _____		Race (optional)	
Cell Phone	(_____) _____ - _____	Email		
Do you receive any of the following?	Free or reduced Lunch YES <input type="checkbox"/> NO <input type="checkbox"/>		TANF YES <input type="checkbox"/> NO <input type="checkbox"/>	
	SNAP (formerly Food Stamps) YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you a Foster Child or Ward of State? YES <input type="checkbox"/> NO <input type="checkbox"/>	DCF Case Manager (Name and Telephone):			
Do you require any special assistance or accommodations in order to perform job duties	YES <input type="checkbox"/> NO <input type="checkbox"/>			

EDUCATION (AT TIME OF APPLICATION SUBMISSION)

High School			Grade	
College		Semester	Major	
Have you Identified a career you would like to pursue? YES <input type="checkbox"/> NO <input type="checkbox"/>	Please specify			

EMERGENCY CONTACTS*Please list two persons we may contact in case of emergency*

1) Full Name		Relationship	
Address		Phone	(_____) _____ - _____
Cell	(_____) _____ - _____	Work	(_____) _____ - _____
2) Full Name		Relationship	
Address		Phone	(_____) _____ - _____
Cell	(_____) _____ - _____	Work	(_____) _____ - _____

PREVIOUS EMPLOYMENT

Company			Job Title	
Rate of Pay		Start Date	End Date	
Responsibilities				
Company			Job Title	
Rate of Pay		Start Date	End Date	
Responsibilities				

HOUSEHOLD COMPOSITION (PLEASE LIST EVERYONE LIVING IN YOUR HOUSEHOLD)					
NAME	RELATIONSHIP	AGE	TYPE OF INCOME WAGES; SSI; UNEMPLOYMENT; CHILD SUPPORT; PENSION; TANF; FOOD STAMPS; ALIMONY; SOCIAL SECURITY; ETC.		
			TYPE	AMOUNT	FREQUENCY OF RECEIPT (WEEKLY; BI-WEEKLY; MONTHLY)
1)	APPLICANT				
2)					
3)					
4)					
5)					
6)					
7)					
8)					

Registrant Attestation and Release

I certify that the statements made by me on this application are voluntary, true and correct to the best of my knowledge and belief, and are made in good faith. I understand that the information I have provided is subject to review and verification. If I knowingly make any misstatement(s) of fact(s), I am subject to disqualification or dismissal and to such other penalties as may be prescribed by law, Youth@Work or WIA regulations. I understand and authorize the release of the information to the Youth@ Work Program, City of New Haven, the authorized WIA entity and partner agencies for regulatory and internal processes associated with determining employment eligibility and payroll procedures.

Code of Conduct Statement

If selected to the program, I understand and agree to adhere to the rules of the program and conduct myself responsibly and respectfully at all times. While at my worksite, I agree to: **1.)** Report to work on time; **2.)** Refrain from the use of profanity or foul language; **3.)** Refrain from any aggressive or violent behavior, threats of violence, weapon possession or sexual harassment; **4.)** Wear appropriate clothing (*i.e., no excessive jewelry, revealing clothing, do-rags/ bandanas and/or any other clothing deemed unacceptable by my worksite supervisor*); **5.)** Refrain from the use, purchase or possession of any drugs or alcohol; **6.)** Refrain from theft or possession of any stolen property; **7.)** Refrain from any discriminatory behavior towards another individual based on race/ethnicity, economics, disability, religion or sexual preference.

Civil Rights Law

This information is requested solely for the purpose of determining compliance with Federal civil rights law and your response will not affect consideration of your Registration. By providing this information, you will assist in assuring that this program is administered in a non-discriminatory manner. The WIA program or activity is an equal opportunity employer/program and auxiliary aids and services are available upon request.

Applicant Signature

Date

Parent/Guardian Signature

(Signature needed if applicant is under the age of 18)

Date